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APPLICANTS

Carrie Melinda Kincaid, Chicago, IL;
 Peter Begg, Mundelein, IL;
 Sandra Kelly-Harris, Hazel Crest, IL;
 Janet Batz, Palatine, IL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>CAP</i>	Initials		

ADDRESS

48940

TITLE

Edible spread composition and packaged product

FILING FEE RECEIVED 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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